

**DELAWARE STATE HOUSING AUTHORITY  
SAFETY NET PROCEDURE**

1. All requests for placement in the Safety Net must be initiated in writing through the completion of the Section I of Form 1 and submitted to the family's case manager.
2. The case manager forwards Form 1 to the Housing Manager for completion of Section II. The Housing Manager is required to obtain third party verifications of all family income. The completed Form 1 must be returned to the case manager within 10 working days of receipt by the Housing Manager. Additional sheets may be added to the Form 1 as required.
3. Within two working days of receipt of the Form 1 from the Property Manager, the case manager completes Section III of Form 1 and forwards the Form 1 to the Social Service Senior Administrator. Additional sheets may be added to the Form 1 as required. Case managers located outside of the immediate Dover area may fax the Form 1 to the Social Service Senior Administrator.
4. The Social Service Senior Administrator completes Section III of Form 1. The Social Service Senior Administrator retains the original Form 1. A letter notifying the family, case manager and Housing Manager will be issued within one working day of the decision. A copy of the approved Form 1 will be provided to the case manager and the Housing Manager and the copy placed in the case folder and the tenant folder.
5. Families approved for limited review or temporary placement in the Safety Net must execute a new COMP before the Safety Net is put into effect. The new COMP must include any special requirements for the family to remain in the Safety Net.
6. Families approved for limited review placement in the Safety Net will have their eligibility for continued participation reviewed annually as part of the annual recertification process. The Housing Manager will initiate the Form 1, by completing Sections I and II and forward the Form 1 to the Case Manager for processing and approval by the Social Service Senior Administrator. These activities must be completed within 45 days of the family's annual recertification date, so ample time is available to notify the family of a rent change.

**DSHA Safety Net Request and Action Form (Form 1)**

**SECTION I**

Requestor: \_\_\_\_\_ ☐ Public Housing

Address: \_\_\_\_\_ ☐ Section 8

Daytime Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*SUBMIT FORM TO YOUR CASE MANAGER\*\*\***

**SECTION II – To be completed by the Housing Manager/Section 8 Specialist**

Is the family lease compliant? ☐ Yes ☐ No Explain:

Current Verified Income of the Family:

40% of Adjusted Income: \_\_\_\_\_ Market Rent/PS for the Family: \_\_\_\_\_

Is 40% of Adjusted Income greater than FMR? ☐ Yes ☐ No

If yes, family will not be eligible. If no, family may be eligible.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION III-To be completed by the Case Manager**

Does the family have any unresolved under any strikes? ☐ Yes ☐ No

Has the family completed all activities required under its COMP? ☐ Yes ☐ No Explain:

☐ Recommend for Limited Review Placement in the Safety Net

☐ Recommend for Temporary Placement in the Safety Net until \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Recommend against Placement in the Safety Net

Provide copy of draft revised COMP for families in Limited Review or Temporary Safety Net

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION IV – To be completed by the Social Service Senior Administrator**

Does the family meet the income and lease compliance requirements? ☐ Yes ☐ No

Does the family meet the goal achievement requirements? ☐ Yes ☐ No

☐ Family approved for Limited Review Placement in the Safety Net

☐ Family approved for Temporary Placement in the Safety Net until \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Family disapproved for Placement in the Safety Net

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Requestor  
Address  
City, DE Zip

Dear Ms./Mr. Lastname,

On (date) you requested placement in the Delaware State Housing Authority (DSHA) Safety Net as a part of your Moving to Work contract. The action on your request is as follows:

- ☐ Your request for limited review placement in the Safety Net has been approved, pending execution of a revised COMP. Your continued participation will be reviewed annually. You are required to call or meet with your case manager by \_\_\_\_/\_\_\_\_/\_\_\_\_.
- ☐ Your request for temporary placement in the Safety Net has been approved, pending execution of a revised COMP. Your participation in the Safety Net will be terminated on \_\_\_\_/\_\_\_\_/\_\_\_\_. You are required to call or meet with your case manager by \_\_\_\_/\_\_\_\_/\_\_\_\_.
- ☐ Your request for placement in the Safety Net has been disapproved for the following reason(s):

You may request a review of this decision under DSHA's Grievance Procedure (for public housing residents) or DSHA's Informal Hearing Procedure (for Section 8 Housing Choice Voucher participants). A copy of the Grievance Procedure is available from your Housing Manager. A copy of the Informal Hearing Procedure is available from your Section 8 Specialist.

If you have any questions regarding this decision, please contact your case manager.

Sincerely,

Social Service Senior Administrator

cc: Housing Manager/Section 8 Specialist  
Case Manager